

GIRL TALK | Mother-Figure 24-Month Follow-up Questionnaire

INTRODUCTION

1. ENTER FIRST NAME OF TEEN: _____
{Use this for pre-fill of (daughter/TEEN)}
2. ENTER TEEN ID NUMBER: _ _ _ _ _
3. RELATIONSHIP OF MOTHER-FIGURE TO TEEN (SELECT ONE):
 01. BIOLOGIC MOTHER
 02. STEP MOTHER
 03. FOSTER MOTHER
 04. GRANDMOTHER
 05. OTHER RELATIVE
 06. NONRELATIVE

SECTION A: BABY

To begin the interview, I'd like to ask you some questions about [TEEN]'s baby.

1. How is [TEEN]'s baby doing? Would you say her baby's health is . .

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 for Q1]

01. Excellent (SKIP TO Q.3)
02. Very good (SKIP TO Q.3)
03. Good (SKIP TO Q.1a)
04. Fair (SKIP TO Q.1a)
05. Poor (SKIP TO Q.1a)
06. BABY DIED 0-12MO—ALREADY KNEW (ASK Q.3A, THEN SKIP TO Q.21)
07. BABY DIED 13-24MO—FINDING OUT NOW (SKIP TO Q2)
08. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.3)

1a. What health problems does the baby have? (MARK ALL)

01. ASTHMA (SKIP TO Q.3)
02. SICKLE CELL (SKIP TO Q.3)
03. CONGESTED/KEEPS A COLD (SKIP TO Q.3)
04. OTHER SPECIFY (ASK 1sp)

1sp. Specify health problems? _____ (SKIP TO Q.3)

[ASK IF BABY DIED IN PAST 12 MONTHS (Q.1=07)]

2. What was the cause of the baby's death?

[IF BABY DIED (06 or 07), DO NOT ASK Q3. ENTER "the baby"]

3. What is/was the baby's name? _____ (PROGRAM NAME INTO CAPI)

3a. Do you know what was (BABY)'s birth weight at delivery?

|_|_| Pounds |_|_| Ounces

(IF BABY DIED IN 1st 12 MONTHS (A1=06), SKIP TO A16)

(IF BABY DIED IN 13-24 MONTHS (A1=07), CONTINUE BUT USE ALTERNATE WORDING)

4. With whom does her baby usually stay at night?

- 01 TEEN ONLY [ASK 4a, THEN SKIP TO A6]
- 02 MOTHER-FIGURE ONLY
- 03 TEEN & MOTHER-FIGURE [ASK 4a, THEN SKIP TO A7]
- 04 BABY'S FATHER
- 05 PARENTS OF BABY'S FATHER
- 06 OTHER RELATIVE
- 07 FRIEND
- 08 FOSTER PLACEMENT
- 09 ADOPTION [SKIP TO SECTION B]
- 10 OTHER [ASK Q.4sp]

4sp. SPECIFY _____

98 Don't know (SKIP TO Q6)

4a. For how many months has this been the arrangement?

|_|_| # Months

[IF A4=01 or 03 (TEEN MARKED), SKIP TO A6]

5. How many days per week does [TEEN] usually see the baby?

|_|_| Days per week (LIMIT=0-7)

[IF A4=02 or 03 (MOTHER-FIGURE MARKED), SKIP TO A7]

6. How many days per week do you usually see the baby?

|_|_| Days per week (LIMIT=0-7) [If A6=0, skip to A8]

7. In a typical week, how many hours do you look after [NAME OF BABY]?

|_|_| Hours per week (LIMIT=0-170)

8. In a typical week, how many hours is [NAME OF BABY] looked after by someone other than [TEEN] or you?

|_|_| HOURS/WEEK (1-90)

[SKIP TO SECTION B IF A5 and A6= 0 (BABY NOT IN CONTACT WITH TEEN OR MF)]

9. Does (NAME OF BABY) stay daytimes at [TEEN]'s home or somewhere else?

01 Home 02 Somewhere else

10. Who takes care of [NAME OF BABY] daytimes most of the week? (MARK ONE)

- 01 TEEN
- 02 MOTHER-FIGURE
- 02 TEEN'S OTHER FAMILY MEMBER
- 03 BABY'S FATHER OR HIS FAMILY
- 04 FRIEND
- 05 HOME DAYCARE
- 06 GROUP DAYCARE
- 07 OTHER (ASK 10sp.)

10sp. SPECIFY: _____

10a. For how many months has this been the arrangement?

|____|____| # Months

11. Is (the baby) up to date in receiving immunizations or shots?

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. In the past 12 months, that is since [PROGRAM MONTH+YEAR], how many times has (NAME OF BABY) gone to the emergency room for an injury, such as a fall, burn, or cut?

IF BABY DIED (A1=06 or 07): (Before (BABY) died but since (12 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.13)

12a. For what type(s) of injury did (NAME OF BABY) go to the emergency room? (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12_sp)

12_sp SPECIFY: _____

13. In the past 12 months, how many times has (NAME OF BABY) gone to the emergency room for a sick visit, that is, because he/she was not feeling well?

If BABY DIED (A1=06 or 07): (Before (BABY) died but since (12 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)

14. (In the past 12 months, how many times has (BABY) gone) to the doctor or clinic for a sick visit, that is, because he/she was not feeling well?

If BABY DIED (A1=06 OR 07): (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)

(If 14>0 SKIP TO 16)

15. In the past 6 months, has the baby been to see a health provider?

- 01. Yes
- 02. No

16. Has (TEEN) been involved in any other programs for teen mothers or teen mothers and their babies in the last 24 months? (Other than GirlTalk)

- 01 Yes (ASK Q16a-d)
02 No (SKIP TO Section B)

16a. Was she involved with TAPP? 01 Yes 02 No

16b. Was she involved with Healthy Babies? 01 Yes 02 No

16c. Was she involved with MEI Futures Academy? 01 Yes 02 No

16d. Was she involved with any other programs? 01 Yes (ASK 16a_sp) 02 No

16a_sp. Specify Program _____

SECTION B: MOTHER/GUARDIAN DEMOGRAPHICS

The next few questions are about you and your household.

1. Are you currently in a marriage or serious relationship?

01. Yes
02. No

2. About how often do you participate in worship services, church meetings, or other religious activities?

01. MORE THAN ONCE A WEEK
02. WEEKLY
03. ABOUT 2 OR 3 TIMES A MONTH
04. ABOUT ONCE A MONTH
05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

3. Do you have a long-term illness?

01. Yes (ASK 3sp)
02. No (SKIP TO 4)

3sp. Specify what type of illness: _____

4. How many months in the last 12 months did you run out of money before the end of the month? Would you say...

01. None
02. 1 or 2
03. More than 2

5. Were there any days in the last 30 days when you had no food because you could not afford it?

01. Yes
02. No

6. Is Child Protective Services, that is CFSA, working with any household family member?

01. Yes
02. No [SKIP TO Q.8]

[IF REFUSED, SKIP TO Q.8]

7. How is Child Protective Services, that is CFSA, working with your family? Would you say..
(SELECT ONLY ONE)

- 01. Periodic monitoring,
- 02. Required counseling,
- 03. Investigated and found no cause, or
- 04. Is the case closed?

8. Now think about (TEEN)'s brothers or sisters, and any of her cousins who lived with her, who were younger than 20 in the last year. Have any of them gotten pregnant, or gotten someone pregnant in the last 24 months?

- 01. Yes **[GO TO Q.9]**
- 02. No **[SKIP TO Q.11]**
- 03. NO SIBLINGS/COUSINS UNDER 20 **[SKIP TO B11]**

9. How many were (TEEN)'s sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: _____
- b. Brothers/male cousins: _____

10. Now think about (TEEN)'s brothers or sisters, and any cousins who lived with her, who were younger than 20 in the last year. Have any of them had a baby in the last 24 months?

- 01. Yes **[GO TO B10a]**
- 02. No **[SKIP TO B11]**

10a. How many were (TEEN)'s sisters or female cousins, and how many were brothers or male cousins?

- a. Sisters/female cousins: _____
- b. Brothers/male cousins: _____

11. Is (TEEN) currently living with you?

- 01. Yes **[SKIP TO Q13]**
- 02. No

12. How long ago did she move out?

_____ # of years

_____ # of months

TEEN NEVER LIVED WITH M-F **[SKIP TO Q.15]**

[IF Q.12 >1 year OR 12mo, SKIP TO Q.15]

13. How long has (TEEN) live(d) with you over the past 12 months?

_____ # of weeks

_____ # of months

(ASK 13a if Q11=yes or Q12<=12months)

13a. Who is living or staying in your household, or was living with you when (TEEN) was last living with you and the teen? Starting with the oldest person who lives with you and (TEEN), please tell me their relationship to (TEEN). (IF TEEN'S BOYFRIEND: PROBE- is this baby's father?)

(PROBE: ASK ABOUT BABY)

	Relationship to Teen (use codes at right)	01 Her baby 02 Her mother 03 Her father 04 Her partner- (baby's father) 05 Her partner (not baby's father) 06 Her sibling 07 Her grandmother or grandfather 08 Her parent's partner 09 Her step or half sibling 10 Her cousin 11 Her aunt 12 Her other relative 13 Baby's father's mother	14 Baby's father's father 15 Baby's father's parent's partner 16 Baby's father's grandmother or grandfather 17 Baby's father's sibling 18 Baby's father's step or half sibling 19 Baby's father's other relative 20 My partner's parents or other relative 21 Non-relative/friend 22 Other (SPECIFY)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

14. In the past 12 months, how many times has she moved out? (IF NOTE: ONLY IF MOVED OUT FOR AT LEAST 1 WEEK).

_____ # times (If Q.14=0, SKIP TO Q16)

15. When she moved out, with whom did she live? [ALL THAT APPLY]

- 01. BOYFRIEND/HUSBAND
- 02. BOYFRIEND/HUSBAND'S PARENTS
- 03. OTHER FAMILY MEMBER
- 04. FRIEND
- 05. ON HER OWN
- 06. OTHER (ASK Q.15sp)

15sp. Specify: _____

[IF Q.11=01 (TEEN CURRENTLY LIVING WITH MF), THEN SKIP TO Q.18]

16. In the last 6 months (or since (TEEN) moved out), about how often have you talked to her in person or on the telephone, or sent a letter to her? Would you say...

- 01. Not at all [SKIP TO Q.18]
- 02. Once or twice
- 03. Several times
- 04. A few times a month
- 05. More than once a week
- 06. Don't know

17. In the last 6 months (or since (daughter/TEEN) moved out), about how often has she stayed overnight with you?

- 01. Not at all
- 02. Once or twice
- 03. Several times
- 04. A few times a month
- 05. More than once a week
- 06. Don't know

18. Do you have reason to believe that [TEEN] has been pregnant again since [BABY] was born?
01. YES (ASK Q.18a)
02. NO (SKIP TO Q.19)
03. DON'T KNOW (SKIP TO Q.19)

- 18a. How old was (BABY) when (TEEN) became pregnant again?
IF BABY DIED ASK: How long after (TEEN)'s delivery did she become pregnant again?
____ # months

- 18b. What was or will be the outcome of that pregnancy? Would you say...
01. Plans to have baby/had baby
02. Miscarriage
03. Abortion
04. DON'T KNOW

- 18c. Was (BABY)'s father also the father for (this/that next) pregnancy?
01. Yes [SKIP TO 18h]
02. No [ASK 18d]

- 18d. How old is this person?
___ Years (10-99)

- 18e. At the time that (TEEN) became pregnant again, was he in school?
01. Yes
02. No

- 18f. At the time that (TEEN) became pregnant again, was he working?
01. Yes, Full time
02. Yes, Part Time
03. No

- 18g. How many other children does he have?
___ # children (0-9)

ASK ALL

- 18h. Who's home was (TEEN) living in at the time she got pregnant again? (MARK ALL)
01 ME
02 BOYFRIEND/HUSBAND AT THE TIME OF PREGNANCY
03. BOYFRIEND'S PARENTS
04. OTHER FAMILY MEMBER
05. FRIEND
06. ON HER OWN
07. OTHER (ASK Q.18h_sp)

18h_sp. Specify: _____

- 18i. Was the father for (this/that next) pregnancy living in that household?
01. Yes
02. No

- 18j. How long had they been together in a relationship before she got pregnant?
___ # months
___ # weeks

18k. Had the teen seen a healthcare provider for herself in the 6 months before she got pregnant?

- 01. Yes
- 02. No

19. In the last 12 months, that is since (MONTH), have any of these events happened to (TEEN)?	Yes	No
a. She was expelled or suspended from school	01	02
b. She was picked up by the police	01	02
c. She hit or physically hurt someone	01	02
d. She saw physical abuse of people in her family or household	01	02

19. In the last 12 months, that is since (MONTH), have any of these events happened to (TEEN) or people she lived with?	Yes	No
e. Death of a family member?	01	02
f. Death of a friend?	01	02
g. Family member in jail?	01	02
h. (TEEN)'s current or previous boyfriend went to jail?	01	02
i. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 12 months?	01	02
j. Evicted?	01	02
k. Job loss?	01	02
l. Drug problem in the last 12 months? (IF YES, ASK l_1)	01	02
l_1. And who was that? 01 SELF (MOTHER-FIGURE) 02 BIOLOGIC MOTHER (IF NOT M-F) 03 TEEN 04 OTHER		
m. Alcohol or drinking problem in the last 12 months? (IF YES, ASK m_1)	01	02
m_1. And who was that? 01 SELF (MOTHER-FIGURE) 02 BIOLOGIC MOTHER (IF NOT M-F) 03 TEEN 04 OTHER		
n. Deeply in debt?	01	02
o. Divorce or separation?	01	02

Now I'd like to ask you about family resources.

20. In the last 30 days, did (TEEN) or (TEEN)'s child receive:		
a. Medicaid?	01. Yes	02. No
b. Food stamps?	01. Yes	02. No
c. TANF/AFDC?	01. Yes	02. No
d. WIC?	01. Yes	02. No
e. A housing subsidy or public housing/ Section 8?	01. Yes	02. No
f. Supplemental Security Income (SSI)?	01. Yes	02. No
g. Day care vouchers or subsidy?	01. Yes	02. No
h. Tuition benefits or scholarship through TANF?	01. Yes	02. No

SECTION C: HOUSEHOLD PARENTAL MONITORING

For these next few questions I would like to ask you about your regular activities in the past 6 months, that is since (DATE). If **(TEEN)** is not currently living with you, please think back to the most recent time when she was living with you in the past year. **(if teen has not lived with mother in last year, skip this section) SKIP IF B12>12 MONTHS**

1. **Were you working outside the home for pay in the past 6 months (or when she last lived with you)?**

- 01. Yes
- 02. No

[IF B12>12 Months, SKIP TO Q5.]

[ASK ONLY IF TEEN LIVING WITH MF at some point IN LAST 12 MONTHS]

For the following questions please refer to showcard #1.

2. **How often were you able to be home with (TEEN) in the afternoons in the past 6 months (when she last lived with you)?** Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

3. **How often were you able to be home when (TEEN) went to bed, in the past 6 months (when she last lived with you)?** Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

4. **How often were you able to be home when (TEEN) got up, in the past 6 months (when she last lived with you)?** Would you say...

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

5. **How many times in a typical week did you eat the evening meal with (daughter/TEEN), in the past 6 months (when she last lived with you)?**

_____ # times per week (LIMIT: 0-7)

SECTION D: DRUGS AND ALCOHOL

The next few questions are about alcohol and other drugs.

1. On average, how many days a week do you drink alcohol, such as beer, wine, or liquor?

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 09. Less than once a week

2. On a typical day when you drink, how many drinks do you have?

(READ IF NEEDED: A drink is defined as one 12-ounce bottle of beer or wine cooler, one glass of wine, or 1.5 ounces of distilled spirits.)

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 08. 8
- 09. 9
- 10. 10
- 11. 11
- 12. 12 or more

3. What is the maximum number of drinks you had on any given occasion in the past month?

- 00. 0
- 01. 1
- 02. 2
- 03. 3
- 04. 4
- 05. 5
- 06. 6
- 07. 7
- 08. 8
- 09. 9
- 10. 10
- 11. 11
- 12. 12 or more

4. In the last 12 months, that is since (MONTH YEAR), how often did you smoke cigarettes?
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never
5. Are there any (other) tobacco smokers in your household?
- 01. Yes
 - 02. No
6. Do you have any household rules about where people can smoke?
- 01. Yes
 - 02. No
7. In the last 12 months, how often have you used marijuana? Would you say...
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never
8. In the last 12 months, how often have you used cocaine, crack, or any other drugs such as meth, ecstasy, or oxycontin? Would you say...
- 01. Daily
 - 02. 3-4 times per week
 - 03. 1-2 times per week
 - 04. Once a month
 - 05. Less than once a month
 - 06. Only once or twice
 - 07. Never

These next few questions are about (TEEN).	01. Yes	02. Maybe	03. No	04. Don't Know
9. In the last 12 months, that is since (MONTH YEAR), did she use tobacco regularly, that is, once a week or more?				
10. In the last 12 months, did she ever drink beer or alcohol?				
11. In the last 12 months, did she ever use marijuana?				
12. In the last 12 months, did she ever use cocaine, crack, or any other drugs such as meth, ecstasy, or oxycontin?				
13. In the last 12 months, did she ever run away?				

SECTION E: MOTHER/TEEN RELATIONSHIP & COMMUNICATION

For these questions you may refer to showcard #2. Now think back over the last 3 months, that is since (MONTH).	01. Not at all or Hardly Ever	02. A Few Times	03. Sometimes	04. About once a day	05. More than once a day
1. In a typical week how often did you praise or compliment (TEEN) on things that she did? Would you say...					
2. In a typical week, how often were you affectionate with (TEEN) such as hugging or kissing? Would you say...					
3. How often did you have a good time with (TEEN) ?					
4. How often did you feel close with (TEEN) ?					
5. Still thinking back to the last 3 months, in a typical week, how often did you feel good about what (TEEN) had done? Would you say...					
6. In a typical week, how often did you get angry at (TEEN) ? Would you say...					
7. How often did you criticize or nag (TEEN) ?					
8. How often did you shout or yell at (TEEN) ?					
9. How often did you and (TEEN) get into arguments?					
10. How often did you punish (TEEN) such as taking away her privileges like watching T.V. or talking on the phone?					

11. In the last 3 months which of the following things have you done with (TEEN) ?	01 Yes	02 No
[SKIP 11a IF BABY DIED (A1=06) or A4=09 or A5>0 or A6>0]		
a. Spent time together with the baby?		
b. Stayed overnight at your place		
c. Gone shopping?		
d. Gone to a religious service or church-related event?		
e. Talked about someone she's dating?		
f. In the last 3 months, have you and (TEEN) gone to a movie, play, museum, concert, or sports event?		
g. talked about her friends or a party she went to? (NOTE: 'party' means 'getting together socially with friends'.)		
h. had a talk about a personal problem she was having?		
i. had a serious argument about her behavior?		
j. In the last 3 months, have you and (TEEN) talked about her school work, grades, or education?		
k. worked on a school project or around the house together?		
l. had a vacation together?		

For these questions you may refer to showcard #3. Now think about the past 12 months, that is since (PROGRAM DATE). In the past 12 months, how often did you talk with [TEEN] about the following?

	01. Never	02. Rarely	03. Sometimes	04. Often
12. In the past 12 months, how often did you talk with (TEEN) about pressure from peers to join in risky behavior? Would you say...				
13. In the past 12 months, how often did you talk with her about protecting herself from becoming pregnant? Would you say...				
14. How often did you talk with her about specific birth control methods?				
15. ...the time of the month when she most easily could get pregnant?				
16. ...protecting herself from Sexually Transmitted Diseases, STDs, STIs or AIDS?				
17. ...the role of sex in her relationships with boys?				

For these questions you may refer to showcard #4. Please tell me how much you agree or disagree with each of the following statements about yourself.	01. Strongly Agree	02. Agree	03. Disagree	04. Strongly Disagree
18. I know enough about sex and birth control to talk about them with (TEEN). Do you...				
19. It would embarrass (TEEN) to talk to me about sex and birth control. Do you...				
20. It would be difficult for me to explain things if I talked with (TEEN) about sex and birth control.				
21. (TEEN) will get the information somewhere else, so I don't really need to talk to her about sex and birth control.				
22. Talking about birth control with (TEEN) would only encourage her to continue to have sex.				

23. In the last 12 months have you recommended a specific method of birth control to (TEEN)?

- 01. Yes
- 02. No (SKIP TO Q25)
- 03. RECOMMENDED ABSTINENCE

24. Which birth control methods did you recommend? (MARK ALL THAT APPLY)

- 01. CONDOMS
- 02. BIRTH CONTROL PILLS
- 03. DEPO PROVERA (SHOTS)
- 04. PATCH
- 05. NORPLANT (IMPLANT)
- 06. VAGINAL RING
- 07. VAGINAL SPONGE
- 08. FOAM, JELLY, CREAM, FILM, OR SUPPOSITORIES
- 09. DIAPHRAGM
- 10. IUD
- 11. RHYTHM, SAFE DAYS OF THE MONTH, OR TEMPSAFE
- 12. WITHDRAWAL

13. DOUCHING
14. ABSTINENCE
15. MORNING AFTER PILL
16. TUBAL LIGATION
17. ANY OTHER METHOD OF BIRTH CONTROL (ASK 24sp)
24sp. SPECIFY: _____

25. Which birth control methods has [teen] used in the last 12 months? (MARK ALL THAT APPLY)

01. CONDOMS
02. BIRTH CONTROL PILLS
03. DEPO PROVERA (SHOTS)
04. PATCH
05. NORPLANT (IMPLANT)
06. VAGINAL RING
07. VAGINAL SPONGE
08. FOAM, JELLY, CREAM, FILM, OR SUPPOSITORIES
09. DIAPHRAGM
10. IUD
11. RHYTHM, SAFE DAYS OF THE MONTH, OR TEMPSAFE
12. WITHDRAWAL
13. DOUCHING
14. ABSTINENCE
15. MORNING AFTER PILL
16. TUBAL LIGATION
17. ANY OTHER METHOD OF BIRTH CONTROL (ASK 25sp)
25sp. SPECIFY: _____
18. NONE
98. DON'T KNOW

26. How many boyfriends or husbands has (teen) had in the past 6 months?

_____ (LIMIT=0-99) (IF>0, ASK Q.26a)
(IF =0, SKIP TO Q27)

26a. (For the most recent boyfriend), how long have they been together?

_____ # months
_____ # years
98. Don't know

26b. Is this (BABY)'s father?

01. Yes
02. No

27. How do you rate your level of communication with (daughter/TEEN) about sexual issues?

Would you say...

01. We communicate much less than I want to about these issues.
02. We communicate a little less than I want to about these issues.
03. We communicate as much as I want to about these issues?

28. How do you rate your communication with (daughter/TEEN) about issues not related to sex?

Would you say...

01. We communicate much less than I want to about these issues.
02. We communicate a little less than I want to about these issues.
03. We communicate as much as I want to about these issues?

For these questions you may refer to showcard #5. How often would it be true for you to make each of the following statements about (TEEN)?	01. Most of the Time	02. Some of the Time	03. Rarely	04. Never
29. (TEEN) and you make decisions about her life together. Is that true...				
30. You just do not understand her. Is that true...				
31. You feel you can really trust her. Is that true...				
32. She interferes with your activities. Is that true...				

SECTION F: MOTHER KNOWLEDGE OF TEEN & MONITORING

For these questions you may refer to showcard #6. How much do you <u>really</u> know about...	1. Don't know at all	2. Know a little	3. Know pretty much	4. Know a lot
1. who (TEEN)'s female friends are? Would you say you...				
2. who (TEEN)'s male friends are? Would you say you...				
3. how (TEEN) spends her money?				
4. what (TEEN) does with her free time?				
5. when (TEEN) has healthcare visits and whether she goes to them?				

6. How many of the parents of (TEEN)'s friends have you talked to in the last 3 months, that is since (MONTH)? Would you say...
_____ (LIMIT=0-99)

**ASK Q.7 IF B11=YES OR B12=<6 (TEEN LIVES W/ MF or LIVED W/ MF IN PAST 6 MO)
SKIP TO SECTION G IF B12>6 (TEEN HAS NOT LIVED W/ MF IN 6 MO)**

For these questions you may refer to showcard #7.

Thinking about the past 6 months, please tell me how often it would be true for you to make each of the following statements. If (TEEN) is not currently living with you, please think back to the most recent time when she was living with you.

	01. Never	02. Rarely	03. Sometimes	04. Most of the Time	05. Always
7. I know/knew where (daughter/TEEN) is/was after school or afternoons. Is this true...					
8. If (daughter/TEEN) is/was going to be home late, she is/was expected to call and let me know. Is this true...					
9. (Daughter/TEEN) tells/told me who she is/was going to be with before she goes/went out.					

	01. Ne ver	02. Rarely	03. Sometimes	04. Most of the Time	05. Always
10. When (daughter/TEEN) goes/went out at night, I know where she is/was.					
11. I talk with (daughter/TEEN) about the plans she has//had made with her friends.					
12. When (daughter/TEEN) goes/went out, I ask her where she is/was going.					
13. When (daughter/TEEN) is/was not at home, school or at work, I know who she is/was with.					

For the following items you may use showcard #8. Please tell me how much would you say this is like (TEEN).

	01. Not at all like her	02. A little like her	03. Quite like her	04. Very much like her
14. (TEEN) does/did what she says she will do. Would you say this is...				
15. Is/was bad at budgeting her money				
16. Takes good care of her baby				
17. Discusses her feelings and disagreements without losing her temper				
18. Picks boyfriends and friends who are a bad influence				

SECTION G: EDUCATION GOALS FOR TEEN & TEEN'S SCHOOL

1. **Has [TEEN] participated in any school or job training programs or courses in the past 12 months, that is since (PROGRAM DATE)? This includes online courses.**

(MARK ALL THAT APPLY)

01. Yes, school/GED IF YES à **1a. Is she currently in school/GED?** 01. Yes 02. No
 02. Yes, job training program IF YES à **1b. Is she currently in a job training program?** 01. Yes 02. No
 03. No, neither (**SKIP TO Q.7**)

2. **What kind of school or job training programs or courses (did she participate in/is she participating in)? (MARK ALL THAT APPLY)**

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL
 02 ALTERNATIVE HIGH SCHOOL
 03 GED PROGRAM
 04 VOCATIONAL
 05 COLLEGE
 06 ONLINE COURSE
 07 OTHER (ASK 2sp)

2sp. SPECIFY: _____

3. When she completes/completed this training what type of diploma, certificate or degree will/did she have?

- 01. High school diploma/GED
- 02. Job training certificate **(ASK 3sp)**
- 03. Vocational certificate **(ASK 3sp)**
- 04. Associates Degree (AA)
- 05. Bachelors Degree (BA/BS)

3sp. Specify Type of certificate: _____

4. Will/Did she receive a diploma, certificate or degree in the past 12 months? (PROBE: What type?) (MARK ALL THAT APPLY)

- 01. No
- 02. Yes, high school diploma/GED
- 03. Yes, job training certificate
- 04. Yes, vocational/certificate program
- 05. Associates Degree (AA)

5. Has (TEEN) been in special education classes or special education tutoring in the past 12 months?

- 01. Yes
- 02. No
- 03. Don't Know

6. In the past 12 months, has she had these problems in school?

- | | | |
|------------------------------------|---------|--------|
| a. Failing at least 1 class | 01. Yes | 02. No |
| b. Skipping school | 01. Yes | 02. No |

7. Is she currently working?

- 01. Yes, Full time
- 02. Yes, Part Time
- 03. No

For the next few questions you may refer to showcard #9.

8. How likely is it that (TEEN) will graduate from high school? Would you say...

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely
- 06. SHE HAS ALREADY GRADUATED FROM HIGH SCHOOL

9. How likely is it that (TEEN) will continue her education after high school? Would you say...

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely
- 06. SHE IS ALREADY CONTINUING HER EDUCATION AFTER HIGH SCHOOL

10. As you think about her future, how likely is it that (TEEN) will get a good job or be successful in a career?

Would you say...

- 01. Not likely at all
- 02. Not very likely
- 03. Somewhat likely
- 04. Quite likely
- 05. Very likely

11. How far do you want (daughter/TEEN) to go in school?

Would you say...

- 01. I want her to quit high school before she graduates
- 02. I want her to finish high school but not go on after that
- 03. I want her to go to a trade or vocational school after high school
- 04. I want her to go to college
- 05. I want her to go to a graduate school or professional school after college

Now I'm going to ask you some questions about (TEEN)'s school or the school she last attended.

Please tell me how much you agree or disagree with each of the following statements about (TEEN)'s school. For these questions you may refer to showcard10.	01. Strongly Agree	02. Agree	03. Disagree	04. Strongly Disagree
12. (TEEN)'s school places a high priority on learning. Do you...				
13. (TEEN)'s school is a safe place. Do you...				
14. (TEEN)'s school is a good school.				

In the past 12 months have you participated in...	01. Yes	02. No
15. a parent/teacher organization or PTA or other program at any of (TEEN)'s schools?		
16. a community organization, such as through church, a sorority, volunteer groups, step team, or other community organization?		
17. a regularly scheduled social group such as bridge or other card game, sports group or other social group?		

18. In the past 12 months have you participated in school fund-raising or done volunteer work at school, such as supervising lunch, chaperoning a field trip, etc?

- 01. Yes
- 02. No
- 03. NO CHILDREN IN SCHOOL

SECTION H: NEIGHBORHOOD

Finally I have a few questions about your present neighborhood.

1. Have you moved in the past 12 months?

- 01. Yes (**ASK Q.2**)
- 02. No (**SKIP TO Q.7**)

1a. How many times have you moved in the past year?

____ (1-20)

[SKIP TO H7 IF B11=02 AND B12>6MO (NOT LIVING WITH TEEN and HAS NOT LIVED W/ IN 6 MO)]

Please tell me whether each of the following statements is true or false about your present neighborhood.	01. True	02. False
2. You live in this neighborhood because you can afford better housing here than you could afford in other neighborhoods. Is this true or false?		
3. You live in this neighborhood because there is less crime in this neighborhood than there is in other neighborhoods. Is this true or false?		
4. You live in this neighborhood because this neighborhood is close to your friends or relatives.		
5. You live in this neighborhood because the schools here are better than they are in other neighborhoods.		
6. You live in this neighborhood because you (or your spouse or partner) were born in this neighborhood. Is this true or false?		

7. Do you feel safe in this neighborhood?

- 01. Yes
- 02. No

	01. Yes	02. No	03. IT DEPENDS
8. If you saw a neighbor's child getting into trouble, would you tell your neighbor about it?			
9. If a neighbor saw your child getting into trouble, would your neighbor tell you about it?			

10. Would you like to move away from this neighborhood?

- 01. Yes
- 02. No
- 03. Maybe

FINAL SCREEN: Thank you. That is all the questions we have for you today. You will be receiving \$15 in the mail as our appreciation to you.

Thank you very much for participating in the Girl Talk Program.

IF HAVING TROUBLE CONTACTING TEEN:

We would also like to talk with **(TEEN)**.

-I have scheduled a time to talk with her for:_____.
Could you remind (TEEN) to be ready our call at that time?

-I have attempted to contact (TEEN), but am having trouble reaching her.
Do you know how I can best reach her?